

Labor Organization Officer
and Employee Report

U.S. Department of Labor

Employment Standards Administration
Office of Labor-Management Standards

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved - OMB No. 1215-0188
Expires 11/30/2002

1. Name and address of person filing

STEPHEN WADE RATHKE
1024 ELYSIAN FIELDS AVENUE
NEW ORLEANS, LA 70117

2. Name and address of labor organization

SEIU- LOCAL 100
1024 ELYSIAN FIELDS AVENUE
NEW ORLEANS, LA 70117

3. Position in labor organization

CHIEF ORGANIZER

4. Date fiscal year ended

12/31/01

5. File number (if assigned)

41353

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name of Employer

Address of Employer

7. Nature of Interest, Transaction or Income

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of business

Address of business

9. Business deals with-

☐ A. Labor Organization ☐ B. Trust ☐ C. Employer

10. If 9B or 9C is checked give trust or employer's name

11. Nature and approximate dollar value of such dealings

12. Nature of interest held or income received

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13. Name and address of employer ☒

or consultant ☐

ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR
REFORM NOW
1024 ELYSIAN FIELDS AVENUE
NEW ORLEANS, LA 70117

14. Nature of payment

DATE: SEE ATTACHED
AMOUNT: SEE ATTACHED
NATURE OF PAYMENT: SEE ATTACHED

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

15. Signature and verification - The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signed:  at NEW ORLEANS

City

LA

State

on 3/29/02

Date

Association of Community Organizations for Reform Now
Form LM-10
12/31/01
Part B- Question # 11

Date	Name	AMOUNT	Type of Expense
01/01/01	Stephen W. Rathke	20.00	Travel- Staff
01/05/01	Stephen W. Rathke	25.85	Travel- Staff
02/12/01	Stephen W. Rathke	14.00	Travel- Staff
02/14/01	Stephen W. Rathke	63.13	Program- Meals
04/30/01	Stephen W. Rathke	75.00	Travel- Staff
04/25/01	Stephen W. Rathke	80.00	Program
05/18/01	Stephen W. Rathke	25.82	Program
07/06/01	Stephen W. Rathke	48.00	Travel- Staff
07/18/01	Stephen W. Rathke	18.00	Travel- Staff
09/12/01	Stephen W. Rathke	18.00	Travel- Staff
TOTAL		----- \$ 387.80 =====	